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ABSTRACT

This study uses a historical perspective to examine the interface of the Maryland Juvenile Justice Department and the Mental Hygiene Administration in their efforts to provide services to youth involved with the juvenile justice system who were found to have mental disorders. A time line was constructed documenting developments from the 16th century to present day. More recent history was highlighted by archival photos taken from the Maryland Lunacy Commission, which was created in 1886. Results found several reoccurring themes in the historical legacies of the juvenile justice and mental health systems. The balance of the societal need for safety with the treatment needs of the youth are marked by advocacy and legal efforts and also influenced by economics and public opinion. Utilization patterns for public and private facilities revealed that between 1987 and 1994 inpatient episodes decreased about 40 percent in the mental health sector, while increasing approximately the same amount in the juvenile justice sector. Little change was found in admissions to private facilities; however, public facilities admissions dropped markedly for mental health (46 percent) but increased 26 percent for the juvenile justice sector. (CR)

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A Historical Perspective on Multisystem Youth and Patterns of Institutional Care

Introduction

Much attention has been given to the complex nature of childhood and the efforts of multiple service systems in serving troubled youth. Of interest to this study were those youth with emotional disorders who were in the care of the juvenile justice system in Maryland.

A historical analysis, as a component of a research plan, was the initial step to systematically examine the interface of the Maryland Juvenile Justice Department and Mental Hygiene Administration in their efforts to provide services to youth involved with the juvenile justice system who were found to have mental disorders. This analysis contributes to the development of a framework for common understanding from which these agencies can address future issues.

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Method

Data Sources

Utilization data were available through the Maryland Mental Hygiene Administration and document youth receiving institutional services by lead agency. Youth with a lead agency of either Mental Hygiene or Juvenile Justice were included (N = 1429). Computerized data of this type were limited (i.e., available from 1993 through 1995). Utilization data obtained from reports were available from 1987.

Primary archival data (in the form of photos, hospital ledgers, memorandums, and legislative reports) were obtained through the Maryland State Archives, the Johns Hopkins Medical Library Archives, the Maryland Mental Hygiene Administration, and the Maryland Department of Juvenile Justice. Secondary data sources included reference books, periodicals, and legislation listed on-line (i.e., Internet). Evaluation of the historical data judged the authenticity and content of available materials.

Analysis

A time line was constructed documenting developments from the 16th century to present day. Notation included major social events (e.g., wars and economic depressions), major legislation, and evolution of treatment philosophies over time. More recent history was highlighted by archival photos taken from the Maryland Lunacy Commission created in 1886 by the Maryland State Legislature. This Commission was directed to "visit and inspect all places public or private, where insane persons [and incorrigibles] were kept."

Patterns of institutional care were selected as indicators of the interface between the two systems because of the availability of the data and the use of institutional care throughout the long history of social efforts to control "incorrigibles."

Results

Several themes repeatedly become evident in the historical legacies of juvenile justice and mental health systems. The balance of the societal need for safety with the treatment needs of the youth are marked by advocacy and legal efforts and also influenced by the economies and public opinion of the time. As an example, the philosophical conflict between institutional approaches and more "homelike" placements was reflected in the "orphan train" movement versus development of "Houses of Refuge" in the 1870's and again a century later as efforts were made to shift care from institutional to community-based services.

Utilization patterns for both public and private facilities

Utilization patterns for both public and private facilities revealed that between 1987 and 1994 inpatient episodes decreased about 40% in the mental health sector, while increasing approximately the same amount in the juvenile justice sector (see Figure 1). Little change in admissions to private facilities has been seen over time, with slightly fewer admissions by juvenile justice (-4%) and no change in the mental health sector. For public facilities, however, admissions dropped markedly for mental health (-46%), but increased for the juvenile justice sector (+26%). Admissions by age demonstrate a marked increase in adolescent admissions for both public and private agencies (94% were 13 years or older), with a greater number of African American youth admitted to Juvenile Justice (46%) than to Mental Health (32%). The average length of stay (115 days) decreased for both the public (-4%) and private (-12%) facilities in both sectors with the greatest reduction occurring in the private sector.

Conclusion

The struggle to provide services to these multisystem youth has been a product of political-legal debate and economic compromise revolving around basic issues of humanitarian reform, security, and social order. From the development of the first juvenile court in 1899, the use of the court system to access services has contributed to the trends found. One can only conclude that the cyclical pattern of treatment versus punishment will continue as it has since history has been recorded.

We can optimize the quality of services if we were to recognize the importance of each child and family unit to the future of our society. Thinking in these terms would call upon us to join in partnerships with children and families, with our co-workers and our peers creating a system of care that balances the needs of the individual with the needs of society. As professionals we need to listen to children and families, and as advocates, we need to articulate our visions for this system of care.

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